

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-878)

SERIAL NO. 107069787

FILING DATE

APPLICANT(S)

CLAIMS

APPLIED NO.	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1				
2	1			
3	2			
4	1			
5	1			
6	1			
7	1			
8	2			
9	2			
10				
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46				
47				
48				
49				
50				
TOTAL IND.	2			
TOTAL DEP.	9			
TOTAL CLAIMS	11			

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	IND.	DEP.	IND.	DEP.
51				
52				
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99				
100				
TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS